



***FLOOD INSURANCE INSPECTION AND COMPLIANCE PROGRAM***

**APPLICATION FOR INSPECTION**

Monroe County Growth Management Division

Please print or type only

Application No. \_\_\_\_\_

Owner \_\_\_\_\_ Phone Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Property Description: Key \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ RE# \_\_\_\_\_

Subdivision \_\_\_\_\_ MM \_\_\_\_\_ Flood Zone \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

YOU OR YOUR CONTRACTOR WILL BE CONTACTED WITHIN 10 TO 14  
WORKING DAYS FROM THE DATE THIS APPLICATION AND APPLICATION  
FEE IS RECEIVED TO SET UP AN APPOINTMENT FOR THIS INSPECTION.

**\*\*\*COMMUNITY INSPECTION REPORTS WILL NOT BE ISSUED IF  
INSPECTOR IS DENIED ACCESS TO ANY PORTION OF ENCLOSED  
AREAS BELOW THE BASE FLOOD ELEVATION.\*\*\*\*\***

INSPECTION FEE: \$50.00 Receipt \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Owner/Contractor

\_\_\_\_\_  
Building Official / Ass't Bldg Official